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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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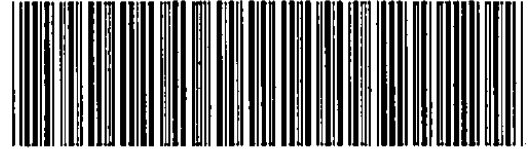
(Business Entity Name)

(Document Number)

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OCT 12 2019  
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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crestview Taxi  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Geiger JR.  
Name of Person  
Crestview Taxi  
Firm/Company  
948 Hawthth St.  
Address  
Holt, FL 32564  
City/State and Zip Code  
ggeiger1973@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Geiger JR. at (850) 902-0926  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Crestview Taxi LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-18-18 and a  
Florida document number L08000084143.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

948 Hiawatha St.  
Holt, FL 32564

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

948 Hiawatha St.  
Holt, FL 32564

**B. If amending the registered agent and/or registered office address on our records, enter the name  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Greg Geiger Jr.

New Registered Office Address:

948 Hiawatha St.

Enter Florida street address

Holt

City

Florida

32564

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

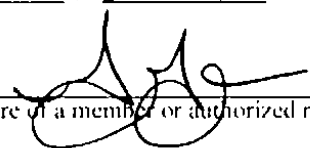
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MGRM</u>	<u>Eunice Williams</u>	<u>5943 Springdale DR.</u>	<input type="checkbox"/> A
		<u>Crestview, FL 32539</u>	<input checked="" type="checkbox"/> R
			<input type="checkbox"/> C
<u>AMBR</u>	<u>Rodney Williams</u>	<u>5943 Springdale DR.</u>	<input type="checkbox"/> A
		<u>Crestview, FL 32539</u>	<input checked="" type="checkbox"/> R
			<input type="checkbox"/> C
<u>MGRM</u>	<u>Greg Geiger</u>	<u>948 Hiwatha St</u>	<input checked="" type="checkbox"/> A
		<u>Holt, FL 32584</u>	<input type="checkbox"/> R
			<input type="checkbox"/> Ch
<u>AMBR</u>	<u>Wes Wagner</u>	<u>211 Amelia Place</u>	<input checked="" type="checkbox"/> Ad
		<u>Crestview, FL 32539</u>	<input type="checkbox"/> R
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> R
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> R
			<input type="checkbox"/> Ch

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**E. Effective date, if other than the date of filing:** 9-16-19 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li  
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear  
(b) The 90th day after the record is filed.

Dated 9-16 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GREG GREINER JR  
\_\_\_\_\_  
Typed or printed name of signee